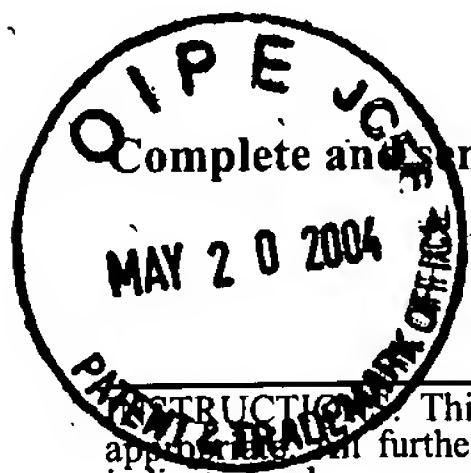


## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
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7590

02/24/2004

James C. Scheller, Jr.  
 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP  
 12400 Wilshire Boulevard, Seventh Floor  
 Los Angeles, CA 90025-1026

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Connie Thayer	(Depositor's name)
<i>Connie Thayer</i>	(Signature)
May 17, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/082,527	02/22/2002	Daniel Scott Venolia	04860.P0539C3	8352

TITLE OF INVENTION: ZOOMING CONTROLLER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BRIER, JEFFERY A	2672	345-856000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 BLAKELY, SOKOLOFF,
- 2 TAYLOR & ZAFMAN LLP
- 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Apple Computer, Inc.

Cupertino, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

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(Authorized Signature) *James C. Scheller, Jr.* (Date) 5/17/2004

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